

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			☆		☆		☆	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1	1				52						
3		1	1				53						
4		1	1				54						
5		2		3			55						
6		2		3			56						
7		2		3			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		3			62						
13		1		3			63						
14	1		1				64						
15	1		1				65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29	1		1				79						
30		1		3			80						
31		1		3			81						
32		1		3			82						
33		1		1			83						
34		1		1			84						
35		1		1			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39			1				89						
40			1				90						
41			1				91						
42			1				92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		10				TOTAL IND.						
TOTAL DEP.	37		47				TOTAL DEP.						
TOTAL CLAIMS	41		57				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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